ANIMAL BITE / RABIES EXPOSURE REPORT

*All animal bites or other significant exposures are reportable by F.A.C. 64D-3

The Florida Department of Health in Escambia County can be reached at 850-595-6700 or after hours at 850-418-5566

Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

To Be Completed By Patient

Patient Information

Name | Date of Birth | Age | Sex ☐M ☐F

Address | City | State | Zip | County

Contact Phone Number | Parent/Guardian Name (if Minor)

Exposure Information

Date and Time of Bite/Exposure | Place of Animal Bite/Rabies Exposure (Address or Nearest Cross street)

Animal was provoked, (eating, injured, protecting offspring/territory, disturbed while sleeping, playing, startled)? ☐ Yes ☐ No
Animal was unprovoked? ☐ Yes ☐ No | Remarks/Description:

Type of Animal: ☐ Dog ☐ Cat ☐ Other _____ | Breed | Color | Age
Sex of Animal: ☐ M ☐ F | Status: ☐ Spayed/Neutered ☐ Unaltered ☐ Unknown
Health of Animal: ☐ Normal ☐ Abnormal ☐ Unknown ☐ Deceased

Animal is: ☐ Owned ☐ Stray ☐ Wild ☐ Unknown | Animal Name

If owned, by whom? ☐ Self ☐ Other
Name of Owner | Contact Phone of Owner

Address of Animal Owner | City | State | Zip

Has the animal been vaccinated for Rabies? ☐ Yes ☐ No ☐ Unknown | If YES give the last vaccination date ____/____/____
Tag Number | ☐ 1 Year Vaccine ☐ 2 Year Vaccine ☐ 3 Year Vaccine
Veterinarian/Clinic Name

Location of Animal (if different from owner's address)
☐ Unable to locate ☐ Animal Confined | If confined: From Date: | To Date:

To Be Completed By Hospital Staff

Treatment Information

Description of injury ☐ Bite ☐ Scratch ☐ Other _____
Location of injury ☐ Face ☐ Head ☐ Neck ☐ Mouth ☐ Eyes ☐ **Check if above the neck/shoulder**
☐ Torso/Trunk ☐ Hand/Arm ☐ Leg/Foot ☐ Other_____

Date of Treatment | Treating Physician (Name & Phone Number)
Was the wound washed/flushed at the facility? ☐ Yes ☐ No

Wound Care (Check all that apply) ☐ Washed/Flushed ☐ Sutured ☐Other:_____
☐ Tetanus Vaccine ☐ Antibiotics

Anti-rabies treatment recommended ☐ Yes ☐ No
Anti-rabies treatment received ☐ Yes ☐ No If **YES** ☐ HRIG + Vaccine ☐ Vaccine ONLY
If anti-rabies treatment not initiated, Why?
☐ Waiting for animal lab/quarantine results ☐ Referred to other facility ☐ **Patient Refused** **Reason** _____

Form Completed By (Print Name) | Hospital /Facility Name
Phone Number | Fax Number

Animal Control

Animal ID # | Kennel # | Complaint #
Officer Name | Officer Phone Number

Fax Completed Form to FDOH-Escambia, Environmental Health 850-595-6792

Version: July 2019
Replaces all forms prior to this date